

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DOT



FTA

U.S. Department of Transportation

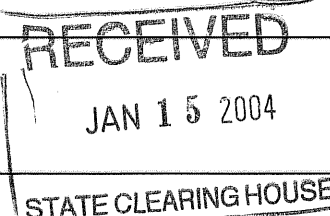
Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1657
Recipient Name:	CITY OF MONTEBELLO
Project ID:	CA-90-Y268
Budget Number:	1 - Budget Pending Approval
Project Information:	Fare Collection Equipment, Tech Systems

Part 1: Recipient Information

Project Number:	CA-90-Y268
Recipient ID:	1657
Recipient Name:	CITY OF MONTEBELLO
Address:	400 S. TAYLOR , MONTEBELLO, CA 90640 0000
Telephone:	(323) 887-4658
Facsimile:	(323) 887-4643



Union Information

Recipient ID:	1657
Union Name:	MONTEBELLO BUS OPERATOR ASSOCIATION (MBOA)
Address 1:	1012 W BEVERLY BLVD
Address 2:	
City:	MONTEBELLO, CA 90640
Contact Name:	ART SALAIZ
Telephone:	(323) 722-4194
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,887,000
Project Number:	CA-90-Y268	Adjustment Amt:	\$0
Project Description:	Fare Collection Equipment, Tech Systems	Total Eligible Cost:	\$4,887,000

Recipient Type:	City	Total FTA Amt:	\$3,884,400
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Paula Faust 323-887-4658	Total Local Amt:	\$1,002,600
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	30-Jun-2004
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 14, 2003		
Program Page:	.		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	38	Grace F Napolitano

Project Details

Project Details

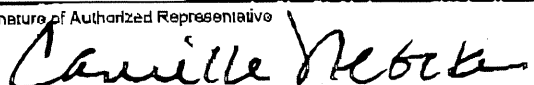
Grant application CA-90-Y268 for fiscal year 2004 requests federal funds for several activities. Grant specific items are provided below:

Recipient: The City of Montebello
 400 S. Taylor Ave.
 Montebello, CA 90640
 Paula Faust, Grant Administrator

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 13, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Hanford		Organizational Unit: City Manager Office	
Address (give city, county, State, and zip code): 319 N. Douty Street Hanford, California 93230 Kings County		Name and telephone number of person to be contacted on matters involving this application (give area code) Barbara McCurdy Marty (559) 585-2582	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 3 4 5 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> 11 — 300 </div> TITLE: Public Works Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and Engineering of the Construction of the Vocational Training Center and Access Road Infrastructure	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hanford, Kings County		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);"> RECEIVED JAN 13 2004 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT Start Date: 6/04 Ending Date: 10/04			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20 b. Project: 20			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 315,000. ⁰⁰	a. YES. THIS <u>PREAPPLICATION</u> APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>November 30, 2001</u>	
b. Applicant	\$ 79,000. ⁰⁰		
c. State	\$. ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 394,000. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jan E. Reynolds		b. Title City Manager	c. Telephone Number (559) 585-2516
d. Signature of Authorized Representative 		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/14/2004		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Applicant Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)				
Legal Name: Helen May Regan		Organizational Unit: San Diego State University Foundation		
Address (give city, county, state, and zip code): Biology Dept. San Diego State University 5500 Campanile Dr San Diego, CA, 92182-4614		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) Pl: Helen Regan (619-594-2738) hregan@sciencessdsu.edu ADMIN. CONTACT: Rachel Cook (619-594-2511) rcook@foundation.sdsu.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 6 0 4 2 7 2 1 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization non-profit G. Special District N. Other (Specify)		
		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 . 5 0 9 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Explicit treatments of uncertainty and variability in human exposure assessment using statistics on intervals and probability bounds analysis		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ohio, Michigan, Illinois, Indiana, Wisconsin, and Minnesota				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 07/01/04	Ending Date 06/30/07	a. Applicant 53rd District		
		b. Project 53rd District		
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 446,029 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>1/13/2004</u>		
b. Applicant	\$.00			
c. State	\$.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 446,029 .00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Camille Nebeker		b. Title Interim AVP for Research & Technology		c. Telephone number 619-594-6622
d. Signature of Authorized Representative 				c. Date Signed 1/12/04

APPLICATION FOR FEDERAL ASSISTANCE

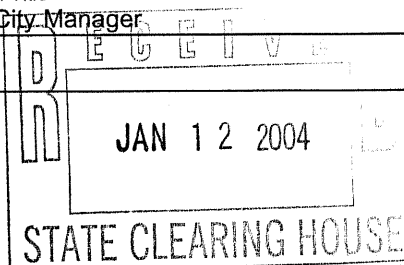
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 8, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: City of Willows		Organizational Unit:
Address (give city, county, State, and zip code): 201 North Lassen Willows, CA 95988		Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Mistrot, City Manager - (530) 934-7041
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 4 5 6 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">C</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <div style="font-size: x-small;"> If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="font-size: x-small; margin-top: 5px;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ </div>		9. NAME OF FEDERAL AGENCY: USDA -- RUS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 0 </div> TITLE: Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Willows Wastewater Treatment Plant Improvements
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Willows		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:
Start Date 1/4/05	Ending Date 3/3/06	a. Applicant City of Willows
		b. Project Wastewater Treatment Plant Improvements
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 7,500,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/08/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ ⁰⁰	
c. State	\$ ⁰⁰	
d. Local	\$ ⁰⁰	
e. Other	\$ ⁰⁰	
f. Program Income	\$ ⁰⁰	
g. TOTAL	\$ 7,500,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Mike Mistrot		b. Title City Manager
c. Telephone Number (530) 934-7041		d. Signature of Authorized Representative
		e. Date Signed 1/8/05

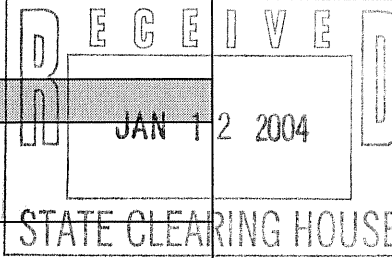
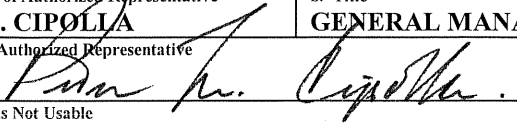
Previous Edition Usable

Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 12/29/2003	Applicant Identifier CA-37-X056
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: XX New <input type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516 TITLE: JOB ACCESS REVERSE COMMUTE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 3037 JOB ACCESS & REVERSE COMMUTE PROGRAM (CA-37-X056)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 7/1/03	Ending Date 7/1/04	a. Applicant 13, 14, 15, 16		b. Project 13, 14, 15, 16
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$495,335	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 4/26/02		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 495,335	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation X No		
f. Program Income	\$			
g. TOTAL	\$ 990,670			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative PETER M. CIPOLLA		b. Title GENERAL MANAGER		c. Telephone Number 408-321-5773
d. Signature of Authorized Representative 				e. Date Signed 1/06/04

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier																													
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier																													
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																													
5. APPLICANT INFORMATION																																	
Legal Name: Glenn County			Organizational Unit: Public Works																														
Address (give city, county, state, and zip code) P.O. Box 1070/777 North Colusa Street Willows, CA 95988			Name and telephone number of the person to be contracted on matters involving this application (give area code) Douglas Holvik 530-934-6530																														
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 4 - 6 0 0 0 6 0 1 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State H. Interdependent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY Federal Aviation Administration																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2 0 . 1 0 6 </div> TITLE: Airport Improvement Program (AIP)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Master Plan and environmental document for Oakland Airport																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County, city and state			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JAN 12 2004 </div> <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 5px;"> STATE CLEARING HOUSE </div>																														
13. PROPOSED PROJECT Start Date Dec 1, 2003 Ending Date Dec 31 2006																																	
14. CONGRESSIONAL DISTRICTS OF a. Applicant 3rd b. Project 3rd																																	
15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">300,000</td> <td style="width: 10%;">.</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">30,000</td> <td>.</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td>.</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">330,000</td> <td>.</td> </tr> </table>			a. Federal	\$	300,000	.	b. Applicant	\$	30,000	.	c. State	\$.	d. Local	\$.	e. Other	\$.	f. Program income	\$.	g. TOTAL	\$	330,000	.	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	300,000	.																														
b. Applicant	\$	30,000	.																														
c. State	\$.																														
d. Local	\$.																														
e. Other	\$.																														
f. Program income	\$.																														
g. TOTAL	\$	330,000	.																														
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																																	
a. Typed Name of Authorized Representative Douglas Holvik		b. Title Public Works Director		c. Telephone number 530-934-6530																													
d. Signature of Authorized Representative				e. Date Signed																													

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> </div>		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Glenn County		Organizational Unit: Public Works	
Address (give city, county, state, and zip code) P.O. Box 1070/777 North Colusa Street Willows, CA 95988		Name and telephone number of the person to be contracted on matters involving this application (give area code) Douglas Holvik 530-934-6530	
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) B <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> A Increase Award <input type="checkbox"/> D Decrease Duration </div> <div style="text-align: center;"> <input type="checkbox"/> B Decrease Award <input type="checkbox"/> Other (specify) </div> <div style="text-align: center;"> <input type="checkbox"/> C Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div> TITLE: Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Master Plan and environmental document for the Willows Airport	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County, city and state		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 12 2004 </div>	
13. PROPOSED PROJECT Start Date: June 1, 2003 Ending Date: Dec 31 2005		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 3rd b. Project: STATE CLEARING HOUSE	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 300,000 .	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 30,000 .	DATE:	
c. State	\$.	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$.	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 330,000 .		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Douglas Holvik		b. Title Public Works Director	
d. Signature of Authorized Representative		c. Telephone number 530-934-6530	
		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 9, 2004	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA Organizational DUNS: Address: Street: 1367 E. Lassen Ave., Suite B-4 City: Chico County: Butte State: CA Zip Code: 95973 Country: United States			Organizational Unit: Department: DEPARTMENT OF INDUSTRIAL RELATIONS Division: DIVISION OF OCCUPATIONAL SAFETY AND HEALTH Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Stephen Middle Name: Charles Last Name: Hart Suffix: Email: SHart@dir.ca.gov Phone Number (give area code): (530) 895-6938 Fax Number (give area code): (530) 895-6941		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) (A) State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): MINE SAFETY AND HEALTH TRAINING GRANT 17-600			9. NAME OF FEDERAL AGENCY: US Dept. of Labor, MSHA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program to provide mandatory mine safety & health training with small mine operators, mine contractors & mine specific subjects.		
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/04			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 325,801			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 220,211			DATE:		
c. State \$			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 546,012					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Stephen		Middle Name Charles	
Last Name Hart				Suffix	
b. Title Principal Engineer				c. Telephone Number (give area code) (530) 895-6938	
d. Signature of Authorized Representative <i>Stephen Charles Hart</i>				a. Date Signed 1/9/04	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 18, 2003		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY December 19, 2003		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: Los Angeles County Sheriff's Department			Organizational Unit:		
Address (give city, county, state, and zip code): 4700 Ramona Boulevard Monterey Park, CA 91754			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Robert N. Sedita, Commander Phone: (562) 466-5267		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000927			7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2003 Technology grant program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles Regional Technology Training Center (LARTTC)		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, California					
13. PROPOSED PROJECT: Start Date: 2/20/2003 Ending Date: 2/19/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24-39 and 41 b. Project: 24-39 and 41			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 1987000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE December 19, 2003			
b. Applicant	\$.00	NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 1,987,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative LEROY D. BACA		b. Title SHERIFF		c. Telephone number (323) 526-5000	
d. Signature of Authorized Representative <i>Leroy D. Baca</i>				e. Date Signed 12/03/03	

Application for Federal Assistance		2. DATE SUBMITTED 1/07/04	AI
1. TYPE OF SUBMISSION Federal Grant		3. DATE RECEIVED BY STATE	S
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FI
5. APPLICANT INFORMATION			
Legal Name: Gregory James Buckman ADDRESS (give city, county, state, and zip code) 14415 SW Teal Blvd Apt#101B Beaverton, Oregon 97008 Washington County		Organizational Unit: Name and telephone number of the person on matters involving this application (give): 7. Type of Applicant: (enter appropriate letter) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block; margin-top: 10px;"> RECEIVED JAN 9 2004 STATE CLEARING HOUSE </div>	
6. Employer Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 6 - 7 3 5 5 9 0 3 </div>			
8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) Domestic Assistance		9. Name of Federal Agency 10. Catalog of Federal Domestic Assistance <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] [] - [] [] [] </div> Title:	
11. Descriptive Title of Applicant's Project Single Male, unemployed Afro American → Minority		12. Areas Affected by Project (cities, counties, etc.)	
13. Proposed Project:		14. Congressional Districts Of:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. Is application subject to review by State?	
a. Federal	\$ 25,000	a. YES This preapplication was made by State Executive Order 12372 on DATE _____ b. NO <input type="checkbox"/> Program not covered by E.O. 12372 <input type="checkbox"/> or Program has been selected by	
b. Applicant	\$ 25,000		
c. State	\$ 25,000		
d. Local	\$ 25,000		
e. Other	\$ 25,000		
f. Program Income	\$		
g. Total	\$ 100,000	17. IS APPLICANT DELINQUENT ON ANY DEBTS? <input type="checkbox"/> Yes (If Yes, attach an explanation)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. I HAVE BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL FEDERAL AND STATE REQUIREMENTS.			

Gregory J. Buckman

1/07/04

273

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 8, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION
 Legal Name: **City of Willows**
 Address (give city, county, State, and zip code):
201 North Lassen
Willows, CA 95988
 Organizational Unit: _____
 Name and telephone number of person to be contacted on matters involving this application (give area code):
Mike Mistrot, City Manager - (530) 934-7041

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6000456

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

C

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA - RUS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 - 760

 TITLE: **Water and Waste Disposal Loan and Grant Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Willows Wastewater Treatment Plant Improvements

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Willows

13. PROPOSED PROJECT

Start Date	Ending Date	a. Applicant
1/4/05	3/3/06	City of Willows

14. CONGRESSIONAL DISTRICTS OF:

b. Project
Wastewater Treatment Plant Improvements

15. ESTIMATED FUNDING:

a. Federal	\$	7,500,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	7,500,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 01/08/04
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Mike Mistrot	b. Title City Manager	c. Telephone Number (530) 934-7041
d. Signature of Authorized Representative 		e. Date Signed <u>1/8/04</u>

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 15, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Pacific Senior Housing, Inc. Address (give city, county, State, and zip code): 10412 SE 82'd Ave., Portland, Oregon 97266				Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Dave Bilby 503-788-8806	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3260925				7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Grass Valley, Nevada County, CA				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase existing 56 unit assisted living facility and convert from for-profit ownership to non-profit ownership to provide affordable assisted living project in Nevada County	
13. PROPOSED PROJECT Start Date: 2/1/04 Ending Date: 4/1/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Fourth District			
15. ESTIMATED FUNDING: a. Federal \$ 4,900,500 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 4,900,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/13/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John K. Meyer		b. Title Agent		c. Telephone Number 503-221-9598	
d. Signature of Authorized Representative				e. Date Signed 12-14-03	

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

12/2/03

RA 03-2

1. TYPE OF
SUBMISSION:

Application

Preapplication

☒ Construction☐ Construction☐ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Riverside

Organizational Unit:

Riverside Municipal Airport

Address (give city, county, state, and zip code)

6951 Flight Road
Riverside, CA 92504
Riverside County

Name and telephone number of the person to be contracted on matters involving this application (give area code)

John J. Sabatello
(909) 351-6113

EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 7 6 9

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

A. State

H. Interdependent School District

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify)

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER

2 0 . 1 0 6

TITLE: Airport Improvement
Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Runway preservation/overlay for the main
runway, 9427, at Riverside Airport (RAA).

RECEIVED

JAN 6 2004

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City and Country of Riverside

13. PROPOSED PROJECT

Start Date

Ending Date

12/04

3/05

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

43rd

b. Project

43rd

STATE CLEARING HOUSE

15. ESTIMATED FUNDING

a. Federal

\$

774,000 00

b. Applicant

\$

47,300 00

c. State

\$

38,700 00

d. Local

\$

e. Other

\$

f. Program income

\$

g. TOTAL

\$

860,000 00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. YES,

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. NO

☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS
AWARDED

a. Typed Name of Authorized Representative

George A. Carvalho

b. Title

City Manager

c. Telephone number

(909) 826-5761

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR
FEDERAL ASSISTANCE (SF 424)

2. DATE SUBMITTED

January 6, 2004

Applicant Identifier

1. TYPE OF SUBMISSION:

Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE
December 31, 2003

State Application Identifier

4. DATE RECEIVED BY FEDERAL
AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name STATE OF CALIFORNIA

Organizational Unit: OFFICE OF HISTORIC PRESERVATION

Address (give city, county, state, and zip code):
P.O. BOX 942896
SACRAMENTO, CA 94296-0001 (Sacramento County)
6400 -06 -067

Name and telephone number of the person to be contacted on matters involving this application (give area code)
DR. W. KNOX MELLON, State Historic Preservation Officer (916) 653-6624

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 6 0 0 1 3 4 7

9. NAME OF FEDERAL AGENCY:

National Park Service (1443)

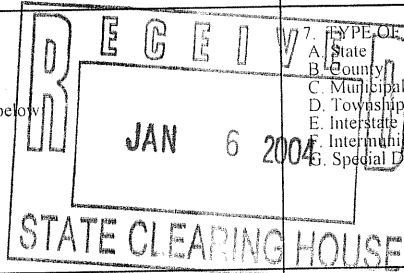
8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If revision, enter appropriate letter(s) in spaces below

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration

Other (specify):



7. TYPE OF APPLICANT: (enter appropriate letter in box): A

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 5 - 9 0 4

TITLE: HISTORIC PRESERVATION

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ANNUAL APPLICATION FOR FEDERAL FY 04 (60/40) FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF HISTORIC PROPERTIES STATEWIDE.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
STATEWIDE

13. PROPOSED PROJECT:

Start Date

10/01/03

Ending Date

09/30/04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant
STATE OF CALIFORNIA

b. Project

SEE # 11 ABOVE.

15. ESTIMATED FUNDING:

a. Federal \$973,596

b. Applicant \$.00

c. State \$674,047

d. Local \$95,600

e. Other \$10,000

f. Program Income \$.00

g. TOTAL \$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 01-06-04

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☒ Yes If "Yes" attach an explanation.
☐ No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded

a. Typed Name of Authorized Representative

DR. KNOX MELLON

b. Title STATE HISTORIC PRESERVATION
OFFICER

c. Telephone Number
(916) 653-6624

d. Signature of Authorized Representative

Knox Mellon

11/5/04

e. Date Signed
2/19/03

2 2004

APPLICATION FOR
FEDERAL ASSISTANCE

OMB APPROVAL No. 0348-004

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/29/03 12/29/03		APPLICANT IDENTIFIER 037	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier 59.043/59.065-011/59.063	
5. APPLICANT INFORMATION Legal Name: JOHN F. DOYLE - OCEAN ECHO CRUISES		Organizational Unit: OCEAN ECHO CRUISES LLC		Federal Identifier DEPT OF COMMERCE 11.803	
Address (give city, county, State, and zip code): VENTURA COUNTY VENTURA 5455 NORTHWIND COURT - 103,0208		Name and telephone number of person to be contacted on matters involving this application (give area code) JOHN F. DOYLE TEL. NO. (805) 642-3462			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [71]-[0955772]		7. TYPE OF APPLICANT: (enter appropriate letter in box) [M] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: MINORITY BUSINESS DEVELOPMENT AGENCY- DEPT. OF COMMERCE			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [59]-[043] TITLE: WOMEN BUSINESS OWNERSHIP		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: OCEAN/COASTAL CRUISE(S) FROM LOS ANGELES TO SAN SIMION, CALIF. (SEE APPENDED EXPLANATION ATTACHED)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CALIFORNIA - LOS ANGELES CNTY VENTURA CNTY SANTA BARBARA CNTY / MONTEREY, COUNTIES		13. PROPOSED PROJECT OCEAN CRUISE(S)			
14. CONGRESSIONAL DISTRICTS OF: VENTURA, CA. 23 RD / 24 TH		15. ESTIMATED FUNDING:			
Start Date 1/29/04		Ending Date —		a. Applicant JOHN F. DOYLE	
b. Project OCEAN/COASTAL CRUISE(S)		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/29/03 (MAILED) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 500,000.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
b. Applicant \$ 000.00		a. Type Name of Authorized Representative JOHN F. DOYLE			
c. State \$		b. Title VICE PRESIDENT/CEO			
d. Local \$ 000.00		c. Telephone Number (805) 642-3462			
e. Other \$ 000.00		d. Signature of Authorized Representative John F. Doyle			
f. Program Income \$ 200,000.00		e. Date Signed 12/29/03			
g. TOTAL \$ 700,000.00		Previous Edition Usable Authorized for Local Reproduction			

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

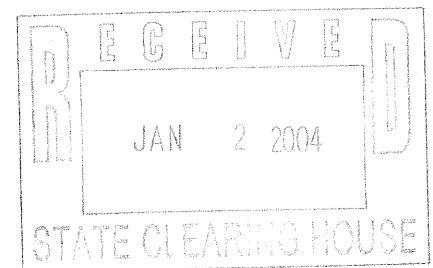
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y252
Budget Number:	1 - Budget Pending Approval
Project Information:	11 Buses, UFS

Part 1: Recipient Information

Project Number:	CA-90-Y252
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	(213) 251-4565
Facsimile:	(213) 251-4566



Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa

Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$5,973,000
Project Number:	CA-90-Y252	Adjustment Amt:	\$0
Project Description:	11 Buses, UFS	Total Eligible Cost:	\$5,973,000
Recipient Type:	City	Total FTA Amt:	\$5,043,996
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total State Amt:	\$0
Recipient Contact:	John Fong (213) 580-5417	Total Local Amt:	\$929,004
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 06, 2003 - Dec. 31, 2006	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES		
Review Date:	None Specified	Fed. Debt	
Planning Grant?:	NO		

Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003	Authority?:	No
Program Page:	None Specified	Final Budget?:	No
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	31	Xavier Becerra
6	28	Howard L Berman
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	39	Linda T Sanchez
6	46	Dana Rohrabacher

Project Details

DOL APPLICATION CHECKLIST

In order to certify appropriate employee protections, DOL must have a precise understanding of the project activities, budget line items, and the identity and relationships of subrecipients under the grant. Providing clear answers to the following questions will help ensure timely processing of the application.

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified. The City of Los Angeles is receiving the funds. Cubic Transportation Systems is a subrecipient for the UFS project. They are located at 5650 Kearny Mesa Rd. San Diego, CA 92186. For the 11 buses, City of Los